PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004									1	Application or Docket Number			
$\vdash$			AS FILED -			/ <del>-</del>			Ю	150	7296		
		CLAIIIIC,	AS FILED - (Columi			(Column 2)		SMALL ENT	TITY	OR	OTHER SMALL I		
U.S	S. NATIONAL	. STAGE FEES				Column	1	RATE	FEE	1 .	RATE	FEE	
BAS	ASIC FEE		SMALL ENT.	= \$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE	<del> </del>	OR	BASIC FEE		
EX/	(AMINATION FE	EE	Satisfies PCT Ar (4) = \$ 50			other situations = \$ 100 / \$ 200	1	EXAM. FEE	<del>                                     </del>	1	EXAM. FEE	300	
SE/	ARCH FEE	.•	U.S. is ISA = \$ ALL other cou \$ 200 / \$	\$ 50 / \$ 100 ountries =	O All oti	other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	470	
FEF	E FOR EXTRA S	SPEC. PGS.		nus 100 =		/ 50 ≐	1	X \$ 125 =		1 '	X \$ 250 =	<del> </del>	
тот	FAL CHARGEA	ABLE CLAIMS 3B	S min	inus 20 =	1 3	37		X \$ 25 =		OR		1850	
IND	DEPENDENT CL	AIMS		ninus 3 =	*	19	1	X \$ 100 =		OR	<b></b>	3800	
L		NDENT CLAIM PRE	ESENT			U	+ 1	+ \$ 180 =	<u> </u>	OR	+ \$ 360 =	2000	
* If	the difference	e in column 1 is le	less than zero	, enter "(	0" in cc		1 ,	TOTAL	<del></del>	OR	TOTAL	<del> </del>	
<del></del>	<del>T</del>	CLAIMS AS A (Column 1)	AMENDED	MENDED - PART II  (Column 2) (Column 3)  HIGHEST			1	SMALL ENTITY		OR 1	OTHER THAN R SMALL ENTITY		
ENT A		REMAINING AFTER AMENDMENT		PAID F	MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus <sub>,r.</sub>	**		=	11	X \$ 25 =		OR	X \$ 50 =		
AME	Independent		Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
'	FIRST PRES	SENTATION OF MU	ULTIPLE DEPE	ENDENT C	CLAIM		L.J	+ \$ 180 =		OR	+ \$ 360 =		
÷		TOTAL ADD FEE								OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
NTB		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER OUSLY	PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	* /	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME.	Independent	<u> </u>	Willias	***		= .	ı. T	X \$ 100 =		OR	X \$ 200 =	 I	
	FIRST PRESE	SENTATION OF MU	JLTIPLE DEPE	.NDENT C	CLAIM		1	+ \$ 180 =		OR	+ \$ 360 =		
							ية	TOTAL ADDIT. FEE		OR T	TOTAL ADDIT. FEE		
									•		FEL _		
*** [f	If the "Highest Num If the "Highest Num	umn 1 is less than the e umber Previously Paid l umber Previously Paid l mber Previously Paid F	I For" IN THIS SPA I For" IN THIS SPA	ACE is less t	s than '20', s than '3', e	0', enter "20". enter "3"	in the	∍ appropriate box	in column 1.				